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N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>144</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>857</u>
Town of _____			Local Registrar No. _____
or _____			St. _____ Ward _____
City of <u>Globe</u>	No. _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Bernard Burrwell Gould</u>	If child is not yet named, make supplemental report, as directed.		
3. Sex of Child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____	7. Date of birth <u>Dec 17 1923</u> Month day year		
8. PATHER	14. MOTHER		
Full name <u>Burl Christopher Gould</u>	Full maiden name <u>Mattie McKelvey</u>		
9. Residence (Usual place of abode) <u>Cedar &amp; Duane Ave</u>	15. Residence (Usual place of abode) <u>near Globe Ariz</u>		
If nonresident, give place and state <u>Globe</u>	If nonresident, give place and state <u>Midland Texas</u>		
10. Color or race <u>W</u>	16. Color or race <u>W</u>		
11. Age at last birthday <u>35</u> (Years)	17. Age at last birthday <u>29</u> (Years)		
12. Birthplace (city or place) <u>Duncan Ariz</u>	18. Birthplace (city or place) <u>near -</u>		
(State or country)	(State or country) <u>Midland Texas</u>		
13. Occupation	19. Occupation		
Nature of industry <u>mine</u>	Nature of industry <u>Housewife</u>		
20. Number of children of this mother	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>		
(Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living _____		
	(b) Born alive but now dead _____		
	(c) Stillborn _____		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7 A.M.</u> on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>H. N. Hoxst M.D.</u>	
Given name added from _____		Address <u>Globe Ariz</u>	
1 supplemental report _____		Physician or midwife	
Month, day, year.		Filed <u>12-20</u> 19 <u>23</u>	
Registrar.		Filed <u>1-8</u> 19 <u>24</u>	
		County Registrar.	

274-1217-428